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Bib Data Sheet

CONFIRMATION NO. 9618

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/779,798 | FILING DATE<br>02/18/2004<br><br>RULE | CLASS<br>345 | GROUP ART UNIT<br>2672 | ATTORNEY<br>DOCKET NO.<br>PA-214 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *DW*  
 This appln claims benefit of 60/448,865 02/24/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *DW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/10/2004

|   |   |                               |                        |                       |                            |
|---|---|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CANADA | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|-------------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged *DW* Examiner's Signature Initials

ADDRESS  
 MEREK, BLACKMON & VOORHEES, LLC  
 673 South Washington Street  
 Alexandria, VA  
 22314

TITLE  
 Apparatus and method for recording real time movements and experiences for subsequent replay in a virtual reality domain

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>403 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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